

**DISCLOSURE SUMMARY PAGE****COMMITTEE NAME** (Must be same as on Statement of Organization)

Vote NO Committee

**IMPORTANT:** Indicate type of committee you are reporting for: 6

- ( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
 ( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee  
 ( 8 ) Support State of Candidates

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party

Office Sought

District (if Senate or House)

**FORM  
DR-2**

(Rev. 05/2002)

DISCLOSURE  
REPORT**For Office Use Only**

Comm. # \_\_\_\_\_

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Computer \_\_\_\_\_

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

**Routine Penalties Due For Late Filed Reports Range from \$20 to \$800****SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A 5-19-03 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate one ☐☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

5-13-03County & Local Committees, enter County in  
which Election is heldCARRIS**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held  
by the committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period, or must be zero if this is first report filed.)

1778.40 1749.00**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....

✓ 892.84

Schedule F: Loans Received total (Attach Schedule F) .....

-

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

2671.24 2641.24**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) ...

✓ (269.86)

Schedule F: Loan Repayments total (Attach Schedule F) .....

**CASH ON HAND** at the end of this reporting period (if final report, balance must  
be zero) (Attach DR-3)

2401.38 2371.98**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) .....2120.00**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) .....617.16**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) .....**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)

\_\_\_ YES \_\_\_ NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Vote No Committee*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/8/03	ID# CK# 1837	BRIAN + JEAN Gehling 809 Mockingbird Drive CARROLL, IA		\$50.00	
5/8/03	ID# CK# 9715	William Schaefer 1808 N. Adams CARROLL, IOWA		10.00	
5/8/03	ID# CK# 9497	ROBERT KLOSER 502 Southgate Rd CARROLL, IA		20.00	
5/8/03	ID# CK#	UNITEMIZED Contribution		20.00	
5/8/03	ID# CK#	UNITEMIZED Contribution		20.00	
5/8/03	ID# CK#	UNITEMIZED Contribution		20.00	
5/8/03	ID# CK#	UNITEMIZED Contribution		20.00	
5/8/03	ID# CK#	UNITEMIZED Contribution		20.00	
5/12/03	ID# CK# 1553	Tom + Nancy Halbur 15491 25th St. Manning, Iowa		100.00	
5/12/03	ID# CK#	UNITEMIZED Contribution		10.00	
SUB-TOTAL				\$290.00	
TOTAL (If last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

NOTE: NO COMMITTEE

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/13/03	ID# CK# 6474	Carroll County Farm Bureau 408 W 80th St. Carroll, Iowa		\$82.84	
5/2/03	ID# CK# 1293	William Kanne Marg Kanne 16385 Apple Ave Carroll, Ia		\$100.00	
5/10/03	ID# CK# 6652	GARY KOSTER - Farm Act. PO Box 442 Carroll Iowa		\$200.00	
5/12/03	ID# CK# 3294	JEFF RENZE NANCY RENZE 7100 Capistrano Ave Carroll, Ia		\$100.00	
5/12/03	ID# CK# 4845	SHECK'S INC. Carroll, Iowa		\$100.00	
5/13/03	ID# CK#	undisclosed contribution		\$20.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
SUB-TOTAL				\$602.84	
TOTAL (if last page of this schedule)				\$892.84	

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Page 2 of 2  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Vote No Committee*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/8/03	ID# CK#	<i>Iowa Savings Bank 510 Hwy 30 West Carroll, Iowa</i>	<i>Print Coster, checks</i>	<i>\$ 1.50</i>
5/7/03	ID# CK#	<i>STONE OFFICE Supply 108 West 7th St Carroll, Ia</i>	<i>Printing</i>	<i>268.36</i>
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				<i>\$ 269.86</i>

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 1 of 1

(for Schedule B)

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

NOTE NO COMMITTEE

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
through 5/14/03	Carroll Broadcasting Carroll County	Radio ads	\$ 1285.00
5/14/03	channel 10	ads	\$ 42.00
5/14/03	Herold Publishing	ads	\$ 756.00
5/14/03	Carroll County Auditor	voter lists	\$ 37.00
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2120.00

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

VOYE NO COMMITTEE

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/12/03	CARROLL County Farm Bureau		Bulk mailing copies	\$ 617.16	

SUB-TOTAL

\$

TOTAL (If last  
page of this  
schedule)

\$

617.16

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)